URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960 360

60-009623

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 29

ENDED

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada — Length of stay in 1b: 6 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Vernon
c. CITY OR TOWN Nevada — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R.R. # 1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First: ROBERT Middle: LYNN Last: RAWLINGS
4. DATE OF DEATH Month Day Year: Feb. 5, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 7-13-59
9. AGE (last birthday): 6½ Mos — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (City and state or country): Nevada, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Earl Rawlings
13b. MOTHER'S MAIDEN NAME: Sue Brigendine
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x x x
16. SOCIAL SECURITY NO.: None
17. INFORMANT: E. Rawlings, Address: Nevada, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Influenza / — INTERVAL BETWEEN ONSET AND DEATH: 24-36 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-13-59 to Feb 5, 1960 and last saw her/him alive on Feb 4, 1960
Death occurred at 6:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James J. Pascoe MD
22b. ADDRESS: Moore Building, Nevada, Mo.
22c. DATE SIGNED: 2-5-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 8
23c. NAME OF CEMETERY OR CREMATORY: Deepwood Cemetery
23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: Richard L. Shorten. ADDRESS: Nevada, Mo.
25. DATE RECD. BY LOCAL REG.: 2-17-1960
26. REGISTRAR'S SIGNATURE: Anna B. Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4853

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.